CONTRACT PRICING PROPOSAL COVER SHEET			EET	SOLICITATION/CONTRACT/MODIFICATION NUMBER								OMB No.: 9000-0013 Expires:		
NOTE: This form is	used in contract ac	ctions if sub	mission o	f cost or pri	cing	data is requ	uired. (See FA	AR 15.8	304-6	(b)		ı		
2a. NAME OF OFFEROR					3a. NAME OF OFFEROR'S POINT OF CONTACT					3c. TELEPHONE				
2b. FIRST LINE ADDRESS					3b. TITLE OF OFFEROR'S POINT OF CONT			ONTA	СТ	AREA CODE		NU	IMBER	
2c. STREET ADDRESS	8					4. TYPE OF CONTRACT					ACTION (Check)			
				=		a. NEW CONTRACT					d. LETTER CONTRACT			
2d. CITY 2e. STATE 2f. ZIP CODE				IP CODE		b. CHANGE ORDER					e. UNPRICED ORDER			
					c. PRICE REVISION/					f. OTHER (Specify)				
5. TYPE OF CONTRAC	CT (Check)					REDETERMINATION					Carrenty,			
☐ FFP ☐	CPFF \square	CPIF	СРАБ	:		6. PROPOSED					I COST (A+B=C)			
FPI OTHER (Specify)				A. C	COST		B. PROFIT/FEE				C. T	ГОТА	L	
_						\$			\$		\$			
				7.	PER	FORMANCE								
P a. A C b.									P E R	a.				
E b.									O	b.				
	ne identification, quar by the Contracting C										rting this re	ecap is r	requi	red unless
a. LINE ITEM NO.								c. QUANTITY d. TOTAL PRICE					e. Pl	ROP. REF. PAGE
	(continued on re	verse)												
			9.	PROVIDE T	HE F	OLLOWING	(If available)							
NAME OF CONTRACT	ADMINISTRATION C	OFFICE				NAME OF	AUDIT OFFICE							
STREET ADDRESS						STREET A	ADDRESS							
CITY			STATE	ZIP CODE		CITY						STAT	Έ	ZIP CODE
TELEPHONE	ARE	A CODE	NUMBER			TELEPHO	NE		AREA CODE NUMB				BER	
10. WILL YOU REQUIRE THE USE OF ANY GOVERNMENT PROPERTY IN THE PERFORMANCE OF THIS WORK? (If "yes," identify)				CON	11a. DO YOU REQUIRE GOVERNMENT CONTRACT FINANCING TO PERFORM THIS PROPOSED CON-					CING (Check one)				
							TRACT? (If "yes," complete Ite				AD	PROGRESS		
	^											YMENT		PAYMENTS
L YES NO 12. HAVE YOU BEEN AWARDED ANY CONTRACTS OR SUBCONTRACTS FOR					L YES L NO L GUARANTEED LOANS 13. IS THIS PROPOSAL CONSISTENT WITH YOUR ESTABLISHED ESTIMATING									
THE				ACCOUNTING PRACTICES AND PROCEDURES AND FAR PART 31, COST										
SAME OR SIMILAR ITEMS WITHIN THE PAST 3 YEARS? (If "yes," identify item(s), customer(s) and contract number(s) on reverse of form.)				PRINCIPLES? (If "no," explain on reverse of form.) YES NO										
YES N		(-)					2 🔲 NO							
	14. COST A	CCOUNTING	STANDAR	DS BOARD	(CAS	B) DATA <i>(Pu</i>	ıblic Law 91-379	as amer	nded ar	nd FAF	R PART 30)		
a. WILL THIS CONTRACT ACTION BE SUBJECT TO CASB REGULATIONS? (if "no," explain in proposal.)				b. HAVE YOU SUBMITTED A CASB DISCLOSURE STATEMENT (CASB DS-1 or 2)? (If "yes," specify in proposal the office to which submitted and if determined to										
YES NO CAS Exempt, FAR 30.201-1					be adequate.) YES NO									
c. HAVE YOU BEEN NOTIFIED THAT YOU ARE OR MAY BE IN					+		HIS PRO	OPOSA	L INC	ONSISTE	NT WIT	Н ҮС	OUR DISCLOSED	
NONCOMPLIANCE					PRACT	PRACTICES OR APPLICABLE COST ACCOUNTING STANDARDS? (if "yes,"								
WITH YOUR DISCLOSURE STATEMENT OR COST ACCOUNT STANDARDS?					explain in proposal.) YES NO									
"yes," explain in proposal.)														
YES N	0													

This proposal is submitted in response to the solicitation, contract, modification, etc. in Item 1 and reflects our estimates and/or actual costs as of this date and conforms with the instructions in FAR 15.804-6(b)(1), and Table 15-2. By submitting this proposal, the offeror, if selected for negotiation, grants the contracting officer and authorized representative(s) the right to examine, at any time before award, those records, which include books, documents, accounting procedures and practices, and other data, regardless

of type and regardless of whether such items are in written form, in the form of computer data, or any other form, or whether such supporting information is specifically referenced or included in the proposal as the basis for pricing, that will permit an adequate evaluation of the proposed price.									
15. NAME OF OFFEROR (Type)	15. TITLE OF OFFEROR (Type)	16. NAME OF FIRM	NAME OF FIRM						
17. SIGNATURE			18. DATE OF SUBMISSION						

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